



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: **ESKENAZI HOSPITAL**

City of Hospital: Indianapolis

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Cyrus Stanford

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Medicare Provider Number: 711501

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1092260314
Outpatient Patient Service Revenue	\$1219200170
Total Gross Patient Service Revenue	\$2311460484

2. Deductions From Revenue

Contractual Allowance	\$1421905011
Other Deductions	\$0
Total Deductions	\$1421905011

3. Total Operating Revenue

Net Patient Service Revenue	\$623188143
Other Operating Revenue	\$31462103
Total Operating Revenue	\$654650246

4. Operating Expenses

Salaries and Wages	\$314184150	Employee Benefits	\$67238780
Depreciation and Amortization	\$65431410	Interest Expense	\$0
Bad Debt	\$286275165	Other Expenses	\$317364991
Total Operating Expenses	\$1050494496		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-109569080	Total Assets	\$1266244418
Net Non-operating Gains over Loss	\$167531932	Total Liabilities	\$-126624441

Total Net Gains	\$57962852
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$595151332	\$417665285	\$177486047
Medicaid	\$1050686939	\$776508161	\$274178778
Other Government	\$273979821	\$5656172	\$268323649
Other State	\$0	\$0	\$0
Other Payers	\$391642392	\$222075393	\$169566999
Total	\$2311460484	\$1421905011	\$889555473

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$14003904	\$15422950	\$-1419046
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	1106
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$15000	\$32840959	
HCI Payments	\$0		
Subtotal	\$15000	\$32840959	\$-32825959
Medicaid Shortfalls	\$288658886	\$377800841	
Subtotal	\$288673886	\$410641800	\$-121967914
DSH Payments	\$12,457,968		
Subtotal	\$301131854	\$410641800	\$-109509946
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$301131854	\$410641800	\$-109509946

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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